



# Arkansas Department of Human Services

## Division of Medical Services

Donaghey Plaza South  
P.O. Box 1437  
Little Rock, Arkansas 72203-1437  
Internet Website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)  
Telephone (501) 682-8292 TDD (501) 682-6789 or 1-877-708-8191  
FAX (501) 682-1197

**TO:** Arkansas Medicaid Health Care Providers

**DATE:** March 1, 2005

**SUBJECT:** PROPOSED - Provider Manual Update Transmittal

Provider Manual	Transmittal Number
Alternatives for Adults with Physical Disabilities Waiver .....	22
Ambulatory Surgical Center .....	53
ARKids First-B .....	19
Certified Nurse-Midwife .....	55
Child Health Management Services .....	54
Child Health Services/Early and Periodic Screening, Diagnosis and Treatment .....	59
Children's Services Respite Care .....	8
Children's Services Targeted Case Management .....	8
Chiropractic .....	51
DDS Alternative Community Services Waiver .....	47
Dental .....	72
Developmental Day Treatment Clinic Services .....	57
Developmental Rehabilitation Services .....	8
Domiciliary Care .....	38
ElderChoices Home and Community-Based 2176 Waiver .....	46
Federally Qualified Health Center .....	44
Hearing Services .....	48
Home Health .....	65
Hospice .....	38
Hospital/End-Stage Renal Disease .....	71
Hyperalimentation .....	61
Inpatient Psychiatric Services for Under Age 21 .....	56
Licensed Mental Health Practitioners .....	40
Living Choices Assisted Living .....	8
Medicare/Medicaid Crossover Only .....	34
Nurse Practitioner .....	48
Occupational, Physical, Speech Therapy Services .....	40
Personal Care .....	61
Pharmacy .....	70
Physician/Independent Lab/CRNA/Radiation Therapy Center .....	92
Podiatrist .....	49

<b>Provider Manual</b>	<b>Transmittal Number</b>
Portable X-Ray Services .....	43
Private Duty Nursing Services .....	53
Prosthetics .....	63
Rehabilitative Hospital.....	47
Rehabilitative Services for Persons with Mental Illness .....	53
Rehabilitative Services for Persons with Physical Disabilities.....	28
Rehabilitative Services for Youth and Children .....	10
Rural Health Clinic Services.....	44
School-Based Mental Health Services .....	13
Targeted Case Management .....	48
Transportation.....	63
Ventilator Equipment.....	46
Visual Care .....	58

**REMOVE**

<b>Section</b>	<b>Date</b>
131.000	10-13-03

**INSERT**

<b>Section</b>	<b>Date</b>
131.000	3-1-05

**Explanation of Updates**

Section 131.000 is included to add item G which addresses Medicaid recipients' responsibility for cost share amounts of third party insurance.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

Thank you for your participation in the Arkansas Medicaid Program.

---

Roy Jeffus, Director

*If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.*

*If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.*

*Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).*

## 131.000

## Charges that Are Not the Responsibility of the Recipient

3-1-05

The recipient is not responsible for payment of a provider's charges for Medicaid covered services in the following situations:

- A. The recipient may not be held liable for a claim or portion of a claim when a determination that the services were not medically necessary is made based on the professional opinion of appropriate and qualified persons performing peer review of Medicaid cases.
- B. The recipient may not be held liable for billed charges above the Medicaid maximum allowable.
- C. The recipient will not be responsible for billings denied because of provider errors. It is the responsibility of the provider to file claims in a timely manner, correct inappropriate codes and typographical errors and to provide essential information necessary to process the Medicaid claim.
- D. The recipient will not be responsible for billings denied because of errors made by Medicaid or the fiscal agent or due to changes in state or federal mandates.
- E. The recipient may not be billed for services denied because a provider failed to request required approval for a service or failed to meet procedural requirements. For instance, a provider may not bill a recipient for a non-emergency surgery for which prior authorization is required but was not requested.
- F. The recipient is not responsible for the difference between the recipient Medicaid cost sharing responsibility, if any, and the Medicare deductible and co-insurance. This exclusion does not eliminate the client's responsibility for applicable Medicaid cost sharing when a recipient is dually eligible for Medicare and Medicaid.
- G. The Medicaid recipient is not responsible for insurance cost share amounts if the claim is for a Medicaid covered service by a Medicaid enrolled provider who accepted the recipient as a Medicaid patient. Arkansas Medicaid pays the difference between the amount paid by private insurance and the Medicaid maximum allowed amount. Medicaid will not make any payment if the amount received from the third party insurance is equal to or greater than the Medicaid allowable rate.

The Medicaid recipient is not responsible for any charges in excess of the Medicaid maximum allowable rate. The recipient may be responsible for paying applicable Medicaid cost share amounts.

- H. If an individual who makes payment at the time of service is later found to be Medicaid eligible and Medicaid is billed, the individual must be refunded the full amount of his or her payment for covered services. If it is agreeable with the individual, these funds may be credited against unpaid non-covered services that are the responsibility of the recipient.

The recipient may not be billed for the completion and submission of a Medicaid claim form. If the provider agrees to accept the patient as a Medicaid recipient and agrees to bill Medicaid for the services rendered, the recipient may not be charged for this billing procedure.